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Bib Data Sheet

TECH CENTER 1600/2900

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/488,202 | <b>FILING DATE</b><br>01/19/2000<br><b>RULE</b> - | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY DOCKET NO.</b><br>028870-057 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Guy LaTorre, Gainesville, FL ;  
 Dr. David C. Greenspan, Gainesville, FL ;  
 Alice D. Greenspan, Gainesville, FL ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/116,595 01/20/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 03/25/2000**

**\*\* SMALL ENTITY \*\***

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>4 |
| Verified and Acknowledged                                   | Examiner's Signature  | Initials                      |                            |                           |                                |

**ADDRESS**

21839

**TITLE**

Compositions and methods for treating nails and adjacent tissues

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>449 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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